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Observations on an Epidemic of Purulent Ophthalmia, which occurred during the autumn and winter of 1838, *in the Children's Asylum, of the Philadelphia Almshouse, Blockley.* By William T. Webb, M. D., of Alabama, Senior Resident Physician.

[W. W. Gerhard, M. D., Attending Physician.]

The asylum is a large, commodious building, situated at the north-east corner of the almshouse. It would accommodate from one hundred and fifty to two hundred children. At the time of the appearance of this epidemic, the number of children in the asylum was one hundred and twenty. A majority of these were at school during the day, in a large, airy room. The remainder were under the care of nurses in different parts of the building. At night a number of these children slept in the same apartment, and always two in the same bed. Their diet was plain, yet nutritious. The disease first commenced with the children who were kept in the school-room, and was for several days entirely confined to them, but it eventually spread to every part of the building. During its prevalence, but two adults were attacked; both of these cases were comparatively mild. A few days before the commencement of this epidemic, there was a sudden change in the atmosphere; heavy rains and cold weather succeeded to a summer unexampled for heat and drought. Indeed, during the first thirteen days of its prevalence, we had much damp, chilly, disagreeable weather.

After its appearance, we were particularly careful to separate, and prevent, as far as possible, all communication between the diseased and healthy portion of the children. Vetch observes that the "principal cause which gives force and opportunity to the action of contagion, is the crowding individuals together into too limited space:" we therefore not only separated the healthy from those that were affected, but we separated the healthy from each other as much as possible, and also placed as few of those that were diseased in the same apartment, as the nature of things would permit. But, in spite of every precaution used, a majority of all the children were attacked during the epidemic.

Many are the causes which are said to give rise to epidemics of ophthalmia. Beer and Middlemore give as causes—a peculiar state of the atmosphere, the conveyance of the discharge to the eyes of the healthy, sudden and extreme changes in the weather, as to heat or cold, dryness or dampness; long exposure of the eyes to vivid rays of the sun, &c. &c. To these, Scarpa adds disorder of the primæ viæ. Vetch remarks, "Whether the cause of ophthalmia exists in some spontaneous change in the state of the atmosphere, or in the immediate effect of its vitiation by over-crowding individuals togethe , this conclusion is certain, that from a number of persons thus collected together, the constitution is rendered more disposed to be acted on by the exciting cause of disease."

This epidemic first exhibited itself on the first of October, 1838, by the entrance of two children into the infirmary, with the symptoms of ordinary ophthalmia—increased lachrymation, injection of palpebral conjunctiva, swelling and redness of eye-lids, but unaccompanied by the usual symptoms of catarrh. These we at first considered as cases of ordinary conjunctivitis, which had for a long while been prevalent in the asylum. But we were soon convinced, from the severity of the symptoms, and the rapidity with which it spread, that we had an affection of a more serious nature to contend with. On the 2d, eight were admitted; on the 3d, ten; and by the 7th of October, the whole number that entered the infirmary amounted to forty-six. The symptoms during the same period had greatly increased in violence, and presented themselves as follows:

The first symptoms noted after admission were, increased lachrymal secretion, and increased vascularity of the conjunctiva. The sensation of smarting, or pricking, as if sand, or dust, were beneath the palpebræ, we doubt not was present; as the small fasciculi of blood-vessels to which these symptoms are attributed, were constantly met with on the conjunctiva. These were followed by a second set of symptoms, of greater severity. The increased lachrymation gradually diminished, and was succeeded by a mucous secretion, at first thin, but gradually becoming more abundant, more tenacious, and of a yellow straw colour. In some cases this muco-purulent discharge was preceded by a watery secretion, tinged with blood; and again it would be intimately blended with this sero-sanguineous discharge. The first change which occurred in the texture of the eye-lids, was, increased vascularity, with swelling. By degrees they became more enlarged, the cutaneous surface more red; gradually assuming a dark or purple colour. At this period of the disease, the conjunctiva was of a bright scarlet colour, the superficial vessels much enlarged and distended with blood. In many cases we now, likewise, had marked sclerotitis. As the disease advanced, the palpebræ became very much swollen, œdematous, and of a dark leaden or purple colour, which is accurately represented by the engraving of Dr. Vetch, of the external œdema of the palpebræ in purulent ophthalmia. In severe cases, the swelling and œdema of the eye-lids were so great, that we found it impossible to examine the eye for some

days. In these cases, when the eye-lid was everted, its whole internal surface seemed to be converted into a fungous substance; the conjunctiva was covered and concealed by fungous vegetations. Whenever we found the internal surface of the palpebræ in this condition, puriform mucus was secreted in great abundance; which, according to Scarpa, is partly secreted by the ciliary glands, but chiefly by the villous and fungous substance into which the internal membrane of the palpebræ and conjunctiva is converted. In these cases also, the intolerance of light begins very early.

Intolerantia lucis.—We were not so fortunate, in every instance, as to arrest the disease even in this stage. In many cases, large ulcers formed on the cornea. When this occurred, it was usually between the fifth and ninth days; but we have seen large ulcers formed in twenty-four hours after the commencement of the disease, in spite of the most active treatment which we could adopt.

When convalescence commenced, the swelling and œdema of the palpebræ gradually disappeared,—the conjunctiva lost its scarlet-like tint, and assumed its natural colour. The purulent discharge diminished in quantity, becoming muco-purulent, and finally mucous, and then entirely ceased.

Perhaps we cannot illustrate the nature of this epidemic of ophthalmia better than by subjoining two or three of the many cases which we noted during its prevalence.

Case I.—F. Harmon, æt. 8 years, entered the Infirmary this morning, October 3d, 1838. Both palpebræ red and swollen. Increased lachrymal secretion. Vascularity of conjunctiva greater than natural. Skin hot. Pulse 94, good volume. Bowels constipated. Was directed

℞ Mag. Sulph. ℥ii.
℞ Cuprii Sulph. gr. iii.
Aquæ ℥i. ft. Collyrium.

4*th.* Eye-lids still red, swelling increased, lachrymation still continues, mixed with a muco-purulent secretion. Vascularity and redness of conjunctiva continues; skin less hot and dry; bowels moved twice by the Sulphate of Magnesia. Collyrium continued, with warm fomentations to eye.

5*th.* Redness and swelling not abated in palpebræ; lachrymation ceased, but muco-purulent discharge continues. Conjunctiva is of a light scarlet tint; vessels enlarged and distended with blood; sclerotitis commencing; six American leeches were ordered to each temple; collyrium continued.

8*th.* Palpebræ much swollen, and of a purple colour; conjunctiva as on 5th; sclerotica is of a pink colour, and its vessels much enlarged; the discharge is more tenacious, and resembles pus in appearance; was bled from arm, ℥xii. Emp. Episp. to back of neck. Collyrium Argent. Nit. gr. ii., Aquæ ℥i.

10*th.* Swelling in palpebræ less; conjunctiva less injected with blood; sclerotitis less marked; collyrium continued.

11*th.* Swelling returned in palpebræ; it is of a dark leaden colour; the upper overhangs the lower eye-lid so much that it is impossible to examine the eye; purulent discharge continues; was bled until patient became very pallid; pulse small; collyrium continued.

℞ Hyd. C. Mit. gr. ii.
Pulv. Jalapæ v.—Take at bed-time.

12*th.* Swelling in eye-lids again diminished, but still of a dark purple colour; conjunctivitis and sclerotitis marked; when the palpebræ are everted, their whole internal surface is covered with fungous vegetations; purulent discharge continues abundant; a large ulcer can be seen on cornea of right eye; on left also a small superficial ulcer; ulcers were touched with the nitrate of silver; Tr. Opii dropped in eyes—p. r. n.

14*th.* No change since 12th, except cornea of right eye is more opake, presenting a dark leaden colour; vessels can be seen running directly to ulcer; skin hot and dry; restless during night. Treatment continued; pulv. ipecac. et opii, gr. v. at night.

30*th.* Palpebræ continue swollen and œdematous; still present the purple colour already noted; upper still overhangs lower eye-lid, so much that it is impossible to examine the eye; fungous vegetations still abundant on internal surface of palpebræ. Since fourteenth, leeches have been applied to temples; blister behind each ear; internal surface of palpebræ touched with the argentum nitratum. But little change was apparent from this time until the 30th, during which time the same treatment was continued, paying particular attention to the bowels, &c.; by Nov. 5th, swelling had nearly disappeared from palpebræ; but the purple colour, though much less, still continued; ulcer on right cornea quite large; on left, ulcer still can be seen. Treatment continued; ulcers touched with argent. nit.

This case gradually improved under the treatment which we have stated, when he was discharged, having leucoma of right eye, left perfectly healthy. Discharged Dec. 16, 1830.

Case II.—Edward Sidinger, æt. 9 years, admitted this morning, 11th of October, 1838. Right palpebræ much swollen, red, very painful when touched; a mucous discharge, mingled with a sero-sanguineous fluid, is constantly running from eye; left eye perfectly healthy; was bled, *ad deliquium animi;* quantity of blood taken was ℥xvi.

12*th.* Swelling and redness which the right eye presented on 11th, much diminished; can open eye at pleasure; the discharge has lost its sero-sanguineous character, and has become muco-purulent, much diminished in quantity; left eye remains healthy; conjunctiva of right is of a scarlet colour; vessels enlarged and distended with blood.

℞ Argent. Nit. gr. ii.
Aquæ ℥ii. ft. Collyrium.

15*th.* Slight swelling of palpebræ still continues; slight conjunctivitis; discharge of mucus

has not ceased; cornea healthy; treatment continued.

17*th*. No change since 15th worthy of notice; continue treatment.

20*th*. Swelling has disappeared from right palpebræ; some redness continues; conjunctiva more injected than natural; no sclerotitis; discharge nearly ceased; treatment continued.

25*th*. Palpebræ natural; conjunctiva not injected, has assumed its healthy appearance; discharge ceased.

Case III.—Jeremiah Madden, æt. 6 years, robust, healthy child, was sent to the Infirmary to-day, Oct. 5th. Palpebræ swollen, and quite red; conjunctiva very vascular; lachrymation abundant, mixed with a discharge of a mucous character.

℞ Hyd. Chlor. Mit. gr. ij.
Flor. Sulph. v. nocte.

Collyrium.

Liq. Plumb. Subacet. ʒss.
Muc. Medul. Sassaf. ʒi.
Aq. Rosarum q. s. ft. ʒvi.

7th. Palpebræ continue swollen; conjunctivæ are thickened, and very vascular; lachrymation has in a great measure ceased; the discharge of mucus noticed on 5th has assumed a muco-purulent form, and is discharged in great abundance; corneæ clear; collyrium of 5th discontinued, and the following substituted:

℞ Zinc. Sulph. gr. iv.
Aq. ʒi.
℞ Hyd. Chlor. Mit. gr. ij.
Pulv. Jalap v. nocte.

10*th*. There has been a gradual improvement since the 7th; palpebræ less swollen; thickened appearance of conjunctivæ nearly disappeared; vascular appearance of whole eye diminished; purulent discharge continues, and of a straw colour; corneæ continue healthy; treatment continued.

℞ Emp. Epispas. (nuchæ.)

12*th*. Gradual improvement; palpebræ slightly swollen; the scarlet tint of conjunctivæ is disappearing; discharge has again assumed a mucous character; corneæ perfectly healthy; light not painful to eyes; continue treatment.

14*th*. Palpebræ not swollen; conjunctivæ have assumed nearly a healthy appearance; corneæ clear; discharge from eyes nearly ceased; continue treatment.

15*th*. Palpebræ not swollen; conjunctivæ natural; discharge ceased.

General summary of the treatment pursued.

Every thing calculated to irritate the eye, if possible, was carefully removed. When the palpebræ were red and swollen, and the conjunctiva of a scarlet colour, attended with increased lachrymation, leeches were applied in number, depending on the severity of the symptoms, followed by some local application. When the discharge became mucous, or muco-purulent, we at the commencement of the epidemic used poultices; but as this secretion was often discharged in great abundance, and the application of poultices prevented its escape from the eye, they were discontinued,—and tepid water and milk were constantly used to keep the eye perfectly cleansed of all irritating matter.

When the disease farther advanced, attended with much inflammatory action, or at the commencement of the disease, where the symptoms were severe, we found bleeding *ad deliquium animi* to be of greater efficacy than any other one remedy. After general or local depletion had been practised, we found the application of blisters to the nape of the neck, behind the ears, or to the temples, of some service. The local applications used varied in their nature and strength, according to the indications to be fulfilled. We gave a trial to most of the collyria recommended in ophthalmia; as a solution of the sulphates of zinc and copper, vin. tr. opii, liq. plumbi acetatis, and a solution of the nitrate of silver. Of these, we found more marked advantage from the nitrate of silver, than any other collyrium. Of this remedy Dr. Vetch speaks in the highest terms. "The slightest application of it, in substance," he remarks, "can often remove the highest degree of morbid sensibility to light, and instantaneously restore quietude to the organ; it can prevent incipient changes, and obviate advanced ones—and may also be used in solution as a valuable sedative."

Mr. Travers remarks that the same observation will apply to acute irritable ulcers. "Upon these," he observes, "a solution of opium often acts as a stimulant, and augments pain, while the nitrate of silver, in solution, as often assuages it."

Strict attention was always paid to the condition of the bowels, keeping them open with purgative or gentle aperient medicines. To prevent the agglutination of the tarsal margins, and to correct the altered state of the meibomian secretion, we used an ointment recommended by Dr. Middlemore; which he directs to be carefully prepared, by rubbing half a drachm of the liq. plumbi acetatis into a half ounce of well-made spermaceti ointment. This was applied two or three times during the day, and at bed time. When the agglutination of the tarsal margins did occur, a mucous or muco-purulent secretion, collected in considerable quantity under the palpebræ, which, when the eyelids were separated, escaped, often blended with a sero-sanguineous fluid, which, when confined, must have been deleterious to the eye, and at the same time caused the patient considerable pain.

Cold applications of various kinds were used at the beginning of the epidemic; without exception, they gave pain, and were soon abandoned. Tepid washes were always more agreeable to the patients, and had a better influence upon the eye; they were used chiefly for purposes of cleanliness, and consisted of simple tepid water, or milk and water. All permanent applications were found so inconvenient to the children, that it was impossible to use them with any effect.

When ulcers appeared on the cornea, if attended with much inflammation, general or local bleeding was practised, according to circumstances; if the ulcer was superficial, a solution of

the nitrate of silver was used, in various proportions, from two to ten grains to the ounce. But if the ulcer was circumscribed and deep, or attended with irregular and ragged edges, a saturated solution of the nitrate of silver was applied with a small brush, or it was used in substance. We sometimes found it necessary to administer mercury, in alterative doses. During the acute stage, the diet was farinaceous; it was afterwards varied according to the stage of the disease, and the condition of the patient. The number of cases treated for ophthalmia in the Children's Asylum, and the results, are as follows:—The total number which entered, and which were discharged, was seventy-three. Of these, sixty-two were entirely cured; three had leucoma of both eyes, two, leucoma of one eye; one, a corneal speck on right eye; and five resulted in staphyloma of one eye. In no one case were we so unfortunate as to have a termination in total blindness in both eyes.

When we compare the results of this epidemic with those sometimes met with, we have every reason to congratulate ourselves upon the favourable result. Dr. Gerhard witnessed an epidemic of purulent ophthalmia in the Children's Hospital of Paris, in the summer of 1832, in which a very large proportion of the cases resulted in total blindness. The treatment there pursued was at first purely antiphlogistic, consisting of large applications of leeches, &c. The bad success of this method led to a change; the nitrate of silver was applied to the fungous surface of the palpebræ, in substance, with manifest advantage, and with a very rapid improvement in the results. In our practice, the antiphlogistic treatment was combined with the local application of the caustic, and the advantages of this union were undoubted. Immediate relief always followed the free abstraction of blood, but the disease was not often permanently arrested until the morbid action was modified by the nitrate of silver.

Dr. W. Poyntell Johnston had very extensive opportunities of observing an epidemic of a similar kind, in one of the quarters of Paris. The patients were treated by the celebrated oculist Sichel. The loss of sight was vastly more frequent than in the cases treated at the Children's Asylum. Dr. Johnston assisted us in making the local applications during the greater part of the epidemic, and rendered the most important service.

[Few of our readers can be aware of the disagreeable and fatiguing duties which devolved upon Dr. Webb. The resistance made by the children to the application of remedies to the eyes, rendered his service at once tiresome and difficult. It is an act of simple justice towards him, to state that his unwearying attention to his duties contributed most essentially to the favourable results which were obtained in the treatment of this formidable disease.

W. W. G.]

FOREIGN CORRESPONDENCE.

LETTER FROM DR. HARLAN.—No. V.

PARIS, *June*, 1839.

OF the numerous operations resulting from the gunshot wounds during the "emeute," or insurrection of the 12th and 13th of May, a great many of the more grave cases have terminated fatally. The operation for disarticulation at the shoulder, is, I am informed, usually unsuccessful; inflammation of the veins, and suppuration caused so near to the heart, appear to be the prominent cause of this fatality. The patients that I visited, under these circumstances, appeared to do well at first, but were suddenly affected with chills in a few days, and sunk.

In my last communication I alluded to the different operations of Velpeau and Breschet for varicose veins. Recently, M. Ricord has resorted to another method, which he esteems superior to either, viz., he pinches up the skin, including the diseased vein, and passes a needle, armed with a ligature, *beneath* the vein; he then passes the needle back again through the same holes *above* the vein, draws the knot, and thus obliterates the vein; and, in a few days, the ligature comes away. His cases, thus far, have ended successfully.

M. Brocchieri, of Naples, a grandiloquent charlatan, for some time resident in Paris, has recently made some noise in the medical circles here. He complains of the want of cordiality of the French physicians, notwithstanding the apparent candour of his statements, and liberal elucidations by experiments on living animals. M. B. professes to have discovered a chemical fluid capable of arresting the hæmorrhage immediately and permanently, arising from wounds of even the largest arteries; he has christened this fluid the "Balsamelœon, eau Hémostatique et Antiscorbutique de M. Pierre Brocchieri, Napolitain." He holds this fluid as far surpassing in power the far-famed *Aqua Binelli*, a hemostatic remedy, the secret of which died with its author.

On the 29th of May last, M. B. invited, by a printed circular, all the prominent members of the profession, native and foreign, to witness a suite of experiments upon living animals, which should test the undoubted value of his discovery. At the appointed hour I answered, with numerous others, what he was pleased to call an "Appel à la Science Médicale au nom de l'humanité."

The carotid artery of a sheep was laid bare,

and opened obliquely. Large portions of lint, previously soaked in his eau hémostatique, were applied to the bleeding vessel, and pressed by the hand for fifteen minutes, more of the water being occasionally poured on the lint thus applied; a roller bandage was then applied, to confine the lint over the artery for one hour and a half, when all the dressings were removed, rather roughly, as the lint adhered pretty firmly to the wound; the hæmorrhage was entirely suppressed. We witnessed similar experiments repeated on different vessels of various sizes, on different animals, and with similar results. In one instance, the tail of a large dog was amputated with a sharp instrument, and the bleeding was easily suppressed.

M. Amusat, and some other French surgeons, pretended to be still sceptical, and thought that it was possible that similar results might possibly have followed a similar application of simple cold water; and, a few days after, this notion was tested by Lisfranc, at the Hôpital La Pitie, but the experiments resulted in favour of M. Brocchieri.

The "Eau Hémostatique" is colourless, spicy to the taste, and of a somewhat tarry odour. It is administered internally, also, by M. B., who states that it is not only innocent, but capable of curing all the worst diseases which afflict humanity, and by this over-praise he has averted the serious attention of many physicians. I could discover not the least astringency in the taste of this liquid, which seems really to form a chemical union with the fibrine of the blood, causing a firm coagulum, which closes the wounds made in the arteries.

M. B. made large incisions in the flesh of animals, when the cavity, as usual, was immediately filled with blood; but the oozing of blood was immediately suppressed by sponging with the fluid. Dr. Mott informed me that he had previously assisted at similar experiments, and that in one instance he cut the carotid artery of a sheep entirely across.

M. Brocchieri is the same person who published documents on this subject several years ago in Naples; and experiments similar to the above were witnessed at that time by Dr. Barabino, of Philadelphia, and several other American naval surgeons. 1835

I send you some printed documents of M. B., which will enable you to form some idea of this singular author.

As a subject of less "questionable shape," I must now allude to a noble institution, founded on the philosophical application of the laws of physics to anatomy and physiology,—I speak of the "Institution Orthopédique" of Dr. Guérin. This delightful mansion is situate near Passy, in the Bois de Boulogne; it is known as the "Château de la Muette," which formerly belonged to the crown, but is now private property. By far the most interesting of the numerous professional objects which have attracted my attention since my residence in Paris, is this famous institution, a visit to which I enjoyed on the 5th of June, in company with Professor Mott, (who is intimately acquainted with Dr. Guérin, the chief director,) and Professor Ives, of Georgia. There is nothing equal, indeed, there is no institution similar to it in any other country; and nothing, in fine, is wanted, in order to render this establishment one of perfection for the noble purposes for which it was designed. The intelligence, genius, and affability of Dr. G., is admirably calculated to display, to the best advantage, to the numerous visiters professionally interested, the great advantages and benefits of the curious and new contrivances which he has brought to aid in the attainment of such desirable ends. Every species and degree of deformity, either accidental or connate, to which the human frame is liable, is here met with the appropriate means, moral, physical, and medicinal, to produce a permanent cure. A department of surgery so intricate and comparatively new, it may well be supposed, was not brought to such perfection without years of deep reflection, and numerous experimental essays on the part of its enlightened director; and it is equally gratifying and encouraging to the votaries of experimental philosophy to know, that in this instance, at least, laborious and well-directed effort has met with its merited reward—Dr. Guérin has secured to himself both fame and pecuniary compensation.

In the year 1830, the Royal Academy of Sciences published, as a prize subject, the following programme:—"To determine, by a series of facts and authentic observations, what are the advantages and disadvantages of the mechanical or gymnastic means applied to the cure of the deformities of the osseous system."

It was not until the year 1837 that Dr. Guérin considered the result of his labours sufficiently matured to enable him to present his memoir*, per

* The memoir was entitled "La Science des Difformités, placée, par la nature de ses faits, entre la physique

the concours, for the grand surgical prize of ten thousand francs, which he obtained, by the unanimous report of the commissioners, MM. Dulong, Savart, Magendie, Serres, Larrey, Roux, and Double. During our visit, which was by appointment of Dr. Guérin, the numerous pupils from all parts of the civilized world, were variously employed in their gymnastic exercises, in a large and open hall devoted to the purpose, or were submitting to the various mechanical methods, as variously applied, for the correction of peculiar osseous deformities—the numerous kinds and grades of club-foot forming, though very numerous in themselves, but a small portion of the innumerable degrees of aberrations of the osseous frame, either congenital, or resulting from a vitiated physical education.

One large room was entirely devoted to the varied and curious machinery, for sitting, standing, and lying, in every position, so as to overcome, or counteract, every possible abnormal deviation of the spine or limbs. The gardens and forests attached to this institution, would well suit the luxurious retirement of a king, and, indeed, were once so appropriated. After a stroll along shaded gravel walks, and through a garden strewn with the richest flowers, Dr. G. inducted us into the *museum* of the establishment. Here are models in plaster or in wax, as well as the natural parts, collected from various sources, of the various cases of deformities treated by himself, and showing the changes produced in the different stages of the curative process. Of club-feet, there appeared to be no end to the variety. He removed the dressings from some cases under treatment, for our inspection. The tendo-achilles is divided by passing the needle under the skin, and over the tendon, cutting from without inwards, which obviates the possibility of endangering the integrity of the skin. Dr. G. politely invited us to assist at his next manual operations for the cure of club-feet, and kindly offered to notify us of the appointed day.

The ever-active surgeon of "La Charité," M. Velpeau, is now occupied in publishing a history of operative surgery. There is, undoubtedly, no other surgeon in Paris so well qualified for this delicate task—none so thoroughly acquainted with historical surgery, and, perhaps, in truth, so well disposed to do justice to the claims of others. He is almost the only lecturer who is in the habit of quoting American surgeons at all, and has requested several of our countrymen to prepare for his work an account of their own operations—one of whom, it is stated, asserts that he has performed the operation for lithotomy fifty times, forty successively terminating favourably, followed by ten cases successively fatal. It is to be hoped, for the credit of American surgeons, that such statements will be accompanied by such irrefragible proofs of their correctness, as to leave no room for future discreditable allegations and unnecessary cavil.

M. Velpeau appears to perform more operations in his hospital than any other surgeon, and is decidedly the favourite of the American students in Paris. His manners, though blunt and unpolished, and displaying none of the courtesies of life, are yet open, free, and familiar. Mr. Vanburen, of Philadelphia, who came out to Paris with me to pursue his professional studies for one year, gave M. Velpeau his early preference, and entered as "*interne*" several months since, still following the course of the hospital, and assisting in its duties, with unabated interest and devotion. One great advantage of such a course of studies is, that when he has completed them, and taken his degrees in the University of Pennsylvania, he will be enabled to enter his profession with the knowledge of a practitioner of several years' standing, in the ordinary course of things. M. V. has taken a great partiality for him, and always addresses him as "Monsieur le President," insisting on his being the son of the President of the United States, though this notion had been immediately corrected by Mr. Vanburen. This "sobriquet," given by M. Velpeau, has confirmed many of the medical class in the same notion of the high connections of Mr. Vanburen; and in one instance he has been the sufferer by it—his pocket-book having been recently abstracted by some impoverished son of Esculapius,—many of the kind swarm in Paris, from the provinces, wretchedly provided for, and who are put to all kinds of shifts and manœuvres, in order to make the two ends of the year meet. Some of them knowingly frequent *estaminets*, where horse-meat is eaten for beef-steaks, at a price one-half at which the "real sort" could be obtained raw in the markets—thus saving pence enough to purchase a new coat, and to partake of the indispensable delight of this genus, of dancing with their *cheres amies*, at the "Chaumiere," in the vicinity of Paris. One of these "gentlemen" carried his researches into Mr. Vanburen's pocket; he returned most of the contents of his

et la Médecine, est destinée à nouer ces deux sciences à l' aide de la méthode expérimentale."

pocket-book the next day, with a polite note, stating that he (the thief) would be sorry to deprive the owner of his passports, tickets, certificates, &c., but that he must beg leave to reserve the pocket-book, as a memorial of so distinguished a personage as the "son of the President of the United States."

M. Velpeau's two last operations were interesting. He removed a very large calculus from the bladder of a female, from the provinces. He had previously notified the class of his intention to perform the high operation in this case; but, without any satisfactory reason for changing his mind, that I could see, he made the vesico-vaginal longitudinal section, taking care, however, to preserve the integrity of the urethra. The patient is doing well, ten days since the operation. He subsequently amputated the thigh of the shopkeeper noticed in a former letter, who had his thigh splintered and comminuted by a ball during the 12th May riot. M. V. could not at first convince the patient of the necessity of an immediate amputation, though he informed the class that he had scarcely any expectation of saving the limb—that most surgeons of experience have treated of the almost universal failure of the attempt to save the limb under similar circumstances. Accordingly, several weeks after the accident, the patient rapidly sinking under hectic fever, the operation was resorted to, cutting directly through the wound in the flesh, and amputating the bone some distance above the fracture. Not the least appearance of osseous reparation appearing at the fractured part, the patient now (several days after the operation) appears to be recovering, if he should escape the hospital fever which now prevails, together with erysipelas and gangrene, which too frequently end the operative process in these hospitals.

Early in June I received a polite note from M. Civiale to meet him at the Neckar hospital, to "assist" him in the operation for lithotritie. The patient was a middle-aged man from the provinces. It is really a most gratifying spectacle to witness the admirable dexterity with which this accomplished surgeon handles his instruments; I speak gravely when I assert that the feelings of this patient were rather pleasurable than painful, when under an operation, at one time considered the most frightful and dangerous of any to which a patient could be subjected. The man was conversing with a smile on his lips during the whole process; he was sounded, injected, and the instrument introduced, the stone crushed in its jaws, and literally eaten into a powder, in about five minutes, without the least delay, difficulty, or pain. The stone, it is true, from the appearance of the gravel, some of which was immediately voided, appeared to consist of urate of lime principally, but yet what a proud triumph of art over a horrible infirmity of our nature! No man can handle similar instruments with the dexterity of M. Civiale. I have never witnessed before a surgical operation with unmingled *pleasure*, principally because all suffering was absent. Some of the English surgeons have recently endeavoured to detract from M. Civiale's merits, asserting as an objection to this mode of operating, the comparatively greater liability to the return of the calculus. Admitting the truth of a position, not clearly made out, the superiority of the operation for the mechanical destruction of the calculus, over the usual murderous operation, in the hands at least of so skilful an operator as M. Civiale, is, indeed, incalculable.

I have visited the hospital "La Pitié," the theatre of the "good and evil deeds" of Lisfranc, much less frequently than the interest of the institution might justly claim, was it not three miles from my residence, and other institutions of equal claims being so much more convenient. So great has been the change in the personal appearance of M. Lisfranc during the last five years, since my last visit to Paris, that I was utterly unable to recognise him on our first interview. His gray and thinned locks, his bent form, and pale, haggard, and dissipated-looking countenance, have, in appearance, added twenty years to his life, and brought a constitution, originally the most robust and energetic, so much nearer the grave. His habits, irritability of temper, and violent passions, have had their share in inducing these results. His moral temperament is so decidedly méchant, that many of those (both compatriots and strangers) who most admire his professional talents, studiously avoid his social contact. With such developments added to his noted habit of abusing his contemporaries, it may well be supposed, he has secured himself few friends. Five years ago, I found, by repeated attention to his lectures, that M. Dupuytren was the hated object of his virulence and abuse. Among other opprobrious epithets applied at that time to his rival, I heard him say to his class that M. Dupuytren was "a damned old Hippopotamus," and repeatedly rated him for a thief and a liar; but now, that death has removed him from the sphere of his distorted vision, he has

changed his notions. He constantly quotes him, (M. D.,) as the only surgeon worthy of being quoted, and he is the constant object of his adulation and praise. His vituperations have taken another direction, and poor Velpeau has to bear the brunt of his concentrated essence of rancour and animosity. In the delivery of his Legons Orales, his manner is yet lively and energetic, boisterous and theatrical, his whole style much more suited to the noisy debates in the Chamber of Deputies, than to the dirty little lecture room where he daily holds forth. Some of our compatriots, who attend his daily rounds, prefer the practice of M. L. to that of any other surgeon, conceiving his treatment to be more philosophical, and regarding as of more consequence, constitutional remedies. The friends of M. L. attribute his soured and cynical temper to an unfortunate occurrence of some years' standing, viz., the loss of all his manuscript notes, which he had prepared with great labour for publication, and which were stolen one morning from his bureau. M. L. is reputed to have an extensive private practice.

Perhaps, some of your readers will suppose me very neglectful of the high claims of the celebrated Parisian practioners of medicine, from the slight notice, and unimportant space which their labours occupy in my communications; this is not because I know not how to estimate the value of their laborious pathological investigations, and the wonderful accurate prognosis to which they lead, but when it comes to the application of curative measures at the bed side—whether in the hospitals or in private life—my own experience forces me to pronounce these measures in a great degree efféte and nugatory.

We have far superior practitioners in the majority of medical men in our own country and in England.

On the 27th of May I accompanied my good old friend, Dr. Roberton,* to the house of the celebrated innovator in medicine, the venerable Dr. Hahnneman, who, for several years past has made Paris his home, and extensively practices his profession, chiefly receiving his patients at home, seldom visiting them at their houses. I was not long in observing that the old gentleman was not strictly Homœopathic in all his practices—he has a very pretty French wife, about thirty years of age, the Homœopathist being in his eighty-fifth year, as he himself informed me, adding "et cela est peu de chose," casting a side glance at the same time at his blooming wife who sat near; again, he smoked his pipe, on the Allopathic principle, it was scarcely out of his mouth the whole evening; and I am told that his charges to the faithful are truly enormous—he has lately received several hundred pounds sterling from an English nobleman for the mere attempt to cure a severe tic douloreux, by which he had been tormented for years; this was, indeed, "attacking the fortress of Gibralter with a pocket-pistol." In all other respects the soirées of the venerable innovator are strictly Homœopathic.

He informed me that the Parisian Homœopathists were at present divided into two classes—the pure and the impure; the latter, prescribing on both principles, according to the whim of the patient; these, he said, he had discarded from his presence as false, as mere tradesmen, and as calumniators of the true science.

Dr. H. has considerable practice among the rich "*imaginaires*," both at home and abroad; he receives at home from 2 o'clock to three daily; he enjoys a fine establishment in a fashionable part of the city.

Dr. H. is small in stature; he has a fine Germanic skull, with a bald crown, and long white locks garnish his temples. His general resemblance was well represented by the late Charles Wilson Peale, of Philadelphia. He desired to know if I had his "Organon," and if I was acquainted with his disciple Dr. Herring, of Allentown, Pennsylvania; being answered in the affirmative, he expressed himself highly gratified with my acquaintance, requesting a frequent repetition of my visits, &c. He appeared desirous that his doctrines should extend to foreign countries—for he, at least, appears really to believe in them.

Monsieur Magendie's contemporaries, both at home and abroad, who occupy themselves in similar researches, urge him by their rivalry to constant operation; they complain of him that his numerous experiments on living animals in illustration of the nervous functions are not philosophically conducted, but that they are haphazard, and made without any definite object, and when, by chance, he falls on any novelty, or isolated fact, he makes the most of it, without referring with sufficient liberality to the prior discoveries of other labourers. Consequently, the

* Dr. Roberton is an eminent Scotch physician, who for the last forty years has been domiciliated in Paris, where, by his practice among the English, he soon secured a competence sufficient to enable him to retire from his profession, and has made his home an intellectual resource to the lovers of science of all nations.

numerous memoirs on this subject which he presents to the Institute, are followed by reclamations, from various quarters.

At a recent séance of the Academy of Sciences, he communicated the following facts, elicited by recent experiments. Alluding to the fact already ascertained, of the roots of the anterior spinal nerves receiving their sensibility from the roots of the posterior nerves, and that this acquired sensibility is derived from the circumference to the centre, he was desirous to ascertain if the same kind of influence existed in the fasciculi of the marrow itself. After having verified again that the posterior cords of the spinal marrow are endowed with exquisite sensibility, whilst the sensibility of the anterior cords is less pronounced, he divided, on one side, the posterior roots of a lumbar pair, making comparative observations at the same height, on the anterior fasciculus, and observed its sensibility to be very much diminished, if not altogether destroyed; this influence was probably transmitted by the motor roots, which remained untouched; to verify this, he left the sensitive roots in a state of integrity, and divided the motor roots; the same diminution of the sensibility of the cord at and above their origin was equally remarked.

From these experiments, M. M. infers, that, the posterior cord of the marrow—the sensitive roots—the ganglion—the rachidian nerve—the motor roots—and, in fine, the anterior or motor cord, form a sort of circular chain, each element of which serves to transmit sensibility from the posterior to the anterior cords.

M. Magendie continued to notice many facts in relation to the sensibility of the facial nerve, a sensibility which it acquires from the fifth pair, or sensitive nerve of the face. He remarked, that, of the three branches of the facial nerve, in the rabbit, the superior and inferior are entirely insensible, but that the middle branch offers, on the contrary, undoubted traces of sensibility. Astonished at this fact, M. M. frequently repeated the experiment, and always with similar results: but on the dissection of the head of a rabbit, this phenomenon was readily explained, by the discovery of a small filament of the fifth pair running to join the superior part of the middle branch; this filament being divided in a living rabbit, the middle branch of the facial nerve immediately lost all traces of sensibility, so long as this connection continued, the nerve was at the same time both sensitive and motor; as soon as this connection was dissolved, the isolated filaments preserved their proper characters of motor and sensible. The insensibility of the two branches of the facial nerve was not found to exist in the goat and the dog, and very probably does not exist in man. He called the attention of the class to a very interesting fact, viz.: the trunk of the facial nerve being divided, all the branches might, nevertheless, preserve their sensibility; the facial, although a motor nerve, might be the seat of neuralgia, and the section of its trunk with a view of a cure, might fail in producing this result.

The great *variety* of the intellectual objects of research discussed before the institute constitute one of the principal attractions of its weekly séances, and which renders these meetings of such general interest, that all the seats for spectators are frequently filled an hour before the séance is opened.

A thunder storm recently spent itself over Paris; the great dome of the "Invalids" was struck by lightning, occasioning considerable injury to the roof. A statement of the occurrence, with all the details, was immediately made to the institute by the governor of this magnificent institution; a commission was appointed to examine into all the circumstances, and M. Arago, the reporter, in a lucid statement which he made to the institute, among other remarks, affirmed that the injury resulted from a too sudden curve having been given to the lightning rod, when placing it on the dome, which circumstance he had already observed on other occasions deteriorates or destroys the conservative effects of the rod, inasmuch as the electric fluid is apt to continue its course in a straight line, when it arrives at this sudden curvature.

This same storm overtook the 58th regiment of the line, marching some miles distant from Paris, in one of the departments. Fifty of the soldiers were struck down by the lightning; they discharged blood from their ears, nose, and mouth, but all recovered except two; it is not stated whether or not they were marching with fixed bayonets at the time.

M. Amussat has communicated to the institute an account of a surgical operation which he has recently performed, and which from its novelty attracted some attention, although some conclude that the morbid state resulting from the operation is worse than that which it was intended to remedy; he produced an artificial anus by opening the colon, without including in the incision the *peritoneal* coat of the intestine; the

peritoneal sac preserving its *integrity*. The patient was a respectable female, in whom a large abdominal tumor had, by pressure on the colon, entirely obstructed the passage, resulting in an enormous distention of the intestine by fecal matter; a tranverse incision was made in the right lumbar region near the spine down to the tumour, being that portion of the ascending colon nearest the spine, and where the lamina of the mesocolon was separated by the distention of its accumulated contents. The patient, now some weeks since the operation, is represented as in a fair way, the more pressing symptoms being relieved.

M. Daguerre has at length reaped some pecuniary reward from the Government for his photogenic discoveries; the Chamber of Deputies having voted him an annuity of $1200, the half of which will be continued to his family if his widow survives him. The son of the late M. Niepse, who was originally associated with M. D., in these discoveries, is to receive $600 per annum. M. D.'s secret will, of consequence, be soon made public. Portraits are already taken by this method at about $3 each, on prepared paper or metallic plates.

The science of phrenology has not so many votaries in Paris at present as during the days of Gall and Spurzheim; there is, however, a very respectable society here, chiefly composed of physicians. I visited their rooms, lately, in the Rue de Seine, St. Germain, in company with Dr. Combe, of Edinburgh, and Dr. Robertson, the last named presided. The cabinet of the society consists of an extensive and valuable collection, principally of plaster casts.

Dr. Voisin, one of the most zealous members, has, in unison with Dr. Falret, carried out the principles of this science, in their application to the cure of mental alienation, on a grand scale; their hospital at Vanvres, near Paris, is an admirable institution in all respects; I passed the greater part of a day there, and was received with great respect by these enterprising and intelligent directors, or rather proprietors: from their published reports, their success in the treatment of their patients, would seem to be paramount to the importance of the object; the inmates appeared to me to be more comfortable and happy than those of any similar institution that I have visited.

The Coroner of the Western Division, Middlesex, London, says there are held annually, 1500 inquests—900 of which are caused by intoxicating drinks.

BIBLIOGRAPHICAL NOTICE.

DR. BOUILLAUD ON FIBRINOUS COAGULA IN THE HEART.

[From "L'Experience."]

In one of the preceding numbers of the Examiner, some remarks were contained in a lecture by one of the editors, upon the inflammation of the heart and arteries, which often complicates pneumonia. This inflammation is, in most cases, accompanied by the formation of fibrinous coagula in the heart, which appear, at times, to be the effect, and, at other times, the cause of the inflammatory action. As soon as the coagula begin to form, the dyspnœa of the patient increases very rapidly; and in the majority of cases, death ensues much sooner and more frequently than it would do if the disease of the lungs were not complicated with the cardiac disorder. The proportion of cases of pneumonia which terminate fatally would be much reduced, were it not for this complication; indeed, the disease would very rarely prove fatal, unless the patient were enfeebled by advanced age or a previous disorder. It, therefore, is extremely important to arrive at a correct diagnosis of their cause, and to learn the best means of treatment.

The diagnosis, it will be seen by the memoir of Dr. Bouillaud, is, in general, very easy, with the assistance of the physical signs; and even without their aid, the collateral circumstances are, in general, sufficient to render the case tolerably clear. Our experience coincides with that of the Professor of La Charité, and we have ascertained that the lesion is quite as frequent in this country as in France; we are, therefore, much pleased to be able to furnish our readers with a translation of the deductions which he has drawn from his very extended observation. We translate them from a late number of "L'Expérience."

As to the treatment: when the coagula are formed, the most effectual remedies are cupping over the region of the heart, followed in many cases by dry cups over the posterior parts of the thorax; mustard foot-baths and sinapisms, to excite the circulation of the skin, and the administration of diffusible stimulants, which act most directly upon the heart. Of these latter remedies, the most useful are ether, and Hoffman's anodyne; the carbonate of ammonia and assafœtida may often be combined with them, to the great advantage of the patient. The object, in short, is two-fold: to relieve, in some measure, the heart

of the accumulation of blood, and, at the same time, to keep up the powers of this organ. Dr. Bouillaud recommends large bleedings,—this is in accordance with his views of the treatment of pneumonia; but we entirely dissent from them in reference to the coagula of the heart. After the coagula have begun to form, large bleedings are out of place, and tend directly to enfeeble the action of the heart; when this organ is, to a certain extent, relieved, they may again become appropriate,—but, in general, large abstractions of blood are well suited to the treatment of the early stages of inflammatory pneumonia, but not to the more advanced periods of the disorder. In this respect, we regret that the theoretical views of Dr. Bouillaud have been carried farther than is consistent with prudence or impartial observation.

Anatomical character, and manner of formation of the Sanguineous Fibrinous Coagula, observed in the preceding cases.

I shall not (says M. Bouillaud) mention all the details of the various anatomical appearances presented in the preceding cases, but will merely state, that in all instances the coagula presented the character of those which Corvisart and other pathologists have considered as indicating that they were formed during life. Corvisart states, that this form of coagula are to be recognised by their pale colour, by their density, by their fibrous or fibrinous formation, and finally by their strong adherence to some part of the cardiac cavities. I cannot, however, suppose that the large masses of coagula which we observed in the heart and large vessels were entirely formed many days before death. A portion of these coagula undoubtedly was so, but the remainder was formed in the last moment of life and after death.

To a certain extent, the formation of the coagula occurring after death resembles that of blood drawn from a vein during life; thus, in the same manner that crassamentum of the blood from a vein is covered with a thick fibrinous buffy coat, &c., so the thick coagulated portions of blood formed at the moment or soon after death, present in various degrees the same plastic, white, fibrous coat. These coagula may, therefore, very properly, be designated by the term of sizy or buffy, in the same manner as we speak of the sizy buffy coat of blood to which we have compared it.

Whatever, may be the value of this analogy, which might be extended still further, it is very certain that in fourteen preceding cases the coagula were formed under the influence of pure febrile inflammation. If it be demanded that I should show the *modus operandi* of this influence, I would reply that it is not more known than that which causes the formation of coagula in inflamed vessels. My object now, is less to explain how these fibrinous coagula are formed, than to prove the reality of their existence. The explanation will eventually be given. It unquestionably presents a rich and magnificent subject of research to those physiologists who are capable of properly applying chemistry and physics in the investigation of vital phenomena, and to the causes producing these phenomena. Such researches on the fibrinous coagula which are so frequently formed in the heart and great vessels under the influence of high febrile inflammation would elucidate at the same time, not only the important phenomenon of the formation of the sizy coat, but also the phenomenon not less curious of the glutinosity of the crassamentum (as I have described it in the *Clinique Medicale et le journal hebdomadaire*,) and would illustrate also the pathological conditions in which the phenomenon occur. It being very well known that the blood has a strong tendency to coagulate in the *idiopathic* inflammations of the heart and blood vessels, we could, *á priori*, announce that the same phenomena would occur in all cases of febrile reaction, which accompany great inflammation, pleura-pneumonia, for example. In fact, what are these reactions? Do they not arise directly from the inflammation of the sanguiferous system, or, are they not consequent upon the sympathetic irritation of that system? This is so true, that instead of simple sympathetic irritation, it is occasionally seen, as we have often observed in our patients, that true inflammation of the internal membrane exists. It should not, however, be forgotten, that in pleuro-pneumonia, besides the reaction *called sympathetic*, which affects the blood, the cardiac and vascular system as in all other severe inflammations, the proximity of the inflamed organs to the heart and the large vessels of the chest, is a condition which contributes greatly to the extension and propagation of the inflammatory action. Very numerous facts have clearly proven to us the tendency which inflammation has to attack organs contiguous to the part primatively affected: it is thus, for example, in pleurisy, and pleuro-pneumonia of the left side; the inflammation extends to the heart and its enveloping membranes, often also to the spleen and its fibro-serous capsule; in pleurisy of the right-side, the inflammation extending to the liver and its investing membrane, causes phlegmasia of various grades of action. These facts are *coincidences* in disease of the highest importance, and upon which we have greatly insisted for many years past.

In conclusion, in all cases of death from pure (légitime) acute pneumonia which have occurred in our practice, we have found in the heart and great vessels fibrinous coagula, evidently formed in part before death. We have also met with similar coagula in cases were death had resulted from other pure inflammatory diseases. Whatever may be the precise epoch when the coagula in question are formed, we do not hesitate to present the following as a *law of pathological anatomy; that in all subjects dying in the second or third stage of pure acute, well characterized pneumonia, these fibrinous coagula will be found.*

Should any *well observed* cases be presented in which such fibrinous coagula should not exist, it would merely recall this maxim, that "the excep-

tion confirms the rule, instead of destroying it." I say *cases well observed.* In fact, should all those cases where the observers have neglected noting the presence and appearance of the fibrinous coagula be considered as contrary to the law we have laid down, it would lead to a strange error. In order to find these coagula it is necessary to examine, with care, the heart, the great vessels, and the blood which they contain. Now, in how many cases is this neglected. At this moment I have before me the reports of a dozen cases of fatal pleuro-pneumonia collected in a clinical service. Well, in not one of these reports is the least mention made of the state of the heart, or of the great vessels, or of the blood which they contained.

I am aware that this conclusion differs from the opinion of my learned colleague, Dr. Bouvier, who, in reference to the coagula found by him in a case of pleuro-pneumonia, says: "Should these coagula be considered as arising from a particular state of the blood in pleuro-pneumonia?" I would further observe that these coagula are not found in numerous cases of acute pleurisy and pneumonia, as I was enabled to verify two days after the death of the patient above alluded to, by examining a female, aged eighty-five years, who had died of the same disease. I am also aware that my conclusion is not in entire conformity with the letter and spirit of the doctrine of M. Laennec, viz., "that it is not among the young and plethoric individuals, full of life and whose orgasm is eminently inflammatory, that the polypous coagula are suddenly (tout à coup) formed." Time will manifest which of the above opinions is correct, and will show which is the sincere expression of the exact observation of facts.

Diagnosis of Fibrinous Coagula,—importance of this diagnosis in the prognosis and treatment.

In twelve out of the fourteen cases which we have reported, we have *diagnosticated* positively, or only announced as probable, the existence of the fibrinous coagula. Now the diagnosis was based on the signs which we have given in "le traite clinique des maladies du cœur, et dans la clinique médicale de l'hôpital de la charité." But to speak merely of those signs derived from auscultation of the heart, and from the pulse, I would remark, that they were all present in a greater or less degree in every case of the present series. The patients to whom I allude presented the following physical signs:

First patient.—Action of heart tumultuous, sounds dull, indistinct, scarcely perceptible; pulse irregular, intermittent.

Second patient.—Sounds of heart confused, indistinct (etouffés); pulse small volume contrasting with strength of patient, the violence and extent of pneumonia.

Third patient.—Sounds of heart obscure, indistinct; pulse small, hobbling.

Fourth patient.—Strong bellows sound, synchronous with the pulse in the upper third of sternum.

Fifth patient.—(Heart not sufficiently auscultated.)

Sixth patient.—Sounds of heart almost extinct; diminution in the volume of the pulse.

Seventh patient.—Sounds of heart obscure, very indistinct (etouffé); pulse very small.

Eighth patient.—Sounds of heart dull, obscure, rough, indistinct; pulse thread-like.

Ninth patient.—Heart not properly examined.

Tenth patient.—No pulse in left arm; pulse in right arm very small and rapid, composed of thread-like vibrations, irregular, unequal, intermittent; impulse of heart tumultuous, irregular, unequal, intermittent, and so rapid that it was impossible to count the strokes; sounds of the heart dull, laboured, quick, with *rasp* murmur.*

Eleventh patient.—Sounds of heart obscure, very indistinct.

Twelfth patient.—Sounds of heart obscure.

Thirteenth patient.—Bellows sound in the first time; purring murmur in the præcordial region.†

Fourteenth patient.—Sounds of heart almost obliterated, and replaced by an indistinct, dull and confused murmur.

It must be borne in mind that to form a perfectly satisfactory diagnosis of the fibrinous coagula in the heart and great vessels, either at its commencement or in its more or less advanced stages, that not only the above signs should be called into requisition, but that the other circumstances which we have indicated in part, at least in the first article of these researches should also be attended to.

Those physicians who may think that the diagnosis of the existence of the fibrinous coagula of the heart and great vessels is an object of mere curiosity, commit a great mistake. It is not so; in fact, in exact clinical medicine, it is of high importance for the prognosis, that we should be able to know, whether a pleuro-pneumonia is complicated or not by the presence of such coagula. This complication renders the prognosis highly serious, for when these coagula are abundant, they constitute a great obstacle to the blood through the cavities of the heart and large vessels.

Unquestionably, it is not useless as regards sound practice, resulting from enlightened therapuetic views, to be able to discriminate whether the complication exists or not in a case of pleuro-pneumonia. It is a generally received opinion, that in this disease the pulse is full, large, and developed; it is, however, by no means rare to meet with a pulse oppressed, of small volume, which is in strong contrast with the extent and intensity of the pneumonia, and very frequently with the force of the impulse of the heart. Under such circumstances, most practitioners recommend that blood should not be abstracted.

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* Previous to the pneumonia, this patient had been attacked with a cardiac affection, induration of the mitral valve and contraction of the orifice auriculo-ventriculaire; this disease was not then accompanied by the signs above mentioned.

† The subject of observation, anteriorly to the pneumonia, had been affected by a fibro-cartilaginous induration of the aortic valves which rendered us undecided as to the true cause of the bellows sound in his case.

They consider the smallness of the pulse as an infallible sign of radical debility, of pure adynamia, and they embrace this opinion more readily as with the smallness of the pulse there is associated great feebleness, and extreme prostration of muscular strength, and a tendency more or less marked to syncope. In a large majority of these cases, however, all these signs have no direct essential connection with the dynamic state of the system, or with a radical weakness of what is called *vital force*, but is owing rather to the presence of coagula beginning to form or already formed in the heart; under such circumstances sanguine emissions must not be abandoned; instant recourse should be had to them, in conformity to the rules for blood-letting laid down in several of our works, and more especially in our *Clinique Medicale*. How many cases might we not report here, which would demonstrate that, used with a wise and prudent boldness, blood-letting has speedily restored to the pulse its usual volume, its normal freedom, caused the swoonings to cease, increased the strength instead of prostrating it, and finally has saved the patient? I do not exaggerate when I say, that I possess the reports of more than forty cases of pleuro-pneumonia exhibiting all the symptoms and proving all the facts just mentioned.

THE MEDICAL EXAMINER.

PHILADELPHIA, AUGUST 3, 1839.

The bill for the incorporation of the Medical College of Philadelphia, passed both houses of the Legislature at their last session, and now waits only the signature of the governor, to become a law. This liberal plan, which secures to every physician additional facilities for entering upon the duties of medical instruction, has received the almost unanimous support of the medical profession in this city; and, as far as we know, has scarcely met with opposition from those members of the profession who are apparently interested in opposing it. This is greatly to the honour of those gentlemen, and is in accordance with their true interests; for if the plan should succeed, the established schools will possess great advantages over any newly-formed combination, and will be sustained, instead of being injured, by the examining college.

We do not know what are the exact provisions of the bill; we understand, however, that they are, in substance, those originally proposed by the Medical College. That is, the college, which is a very numerous body, is to appoint a Board of Examiners, who will grant diplomas to those properly qualified. Some restrictions, we understand, were introduced by the Legislature, the object of which was, probably, to require from the student that he should attend at least one course of lectures at Philadelphia.

Our reasons for desiring the passage of this bill, are, that it seems to us well calculated to elevate the standard of medical instruction and increase the diffusion of sound professional knowledge, and that it sanctions a mode of testing the qualifications of physicians, which will undoubtedly find favour with the profession. We fear that if the bill should, by any chance, become inoperative, that some similar plan will be carried into effect, which may be without the sanction of a state Legislature, and will, therefore, carry with it less apparent authority. It is the moral sanction which is desirable, and will tend to keep up the distinction between the educated physician and the mere pretender. The legal barriers against irregular practitioners, are now almost entirely overthrown. It may be better that it is so; at any rate, it is consistent with the progress of the times, and cannot now be remedied. The moral influence of a well-educated physician remains, although his legal privileges are lost; and we believe that the Medical College, if successful, would tend to strengthen this moral authority, by increasing both the facilities for instruction, and the requisitions necessary for a diploma. We feel an additional interest in the new college, because it adds to the facilities offered by Philadelphia as a school of medical instruction, and at the same time tends to sustain the institutions which have already acquired a well-earned reputation.

There is a question of medical ethics which, directly or indirectly, interests all members of the profession;—it is, that of consultations by letter. Physicians placed under certain circumstances, are frequently honoured by letters asking for advice in a particular case. Those who receive letters of this kind are either long known in the profession, and have acquired a reputation for skill in the treatment of medical or surgical diseases in general, or they are those who have devoted themselves to the especial study of a particular class of affections.

In either case much time and labour have necessarily been expended, before the reputation which prompts such consultations is acquired; and it is necessary for the advantage of the pa-

tient and the physician, that these applications should be placed upon a proper footing. In order to benefit the patient, the actual state of the case should not only be detailed with accuracy, but the hour of its commencement, the previous health and habits of the patient, and his liability to hereditary disease, should be carefully insisted upon. If these circumstances be related in a distinct and accurate manner, the opinion of the consulting physician may be given nearly with the same accuracy as if the patient were actually before him. The only insurmountable disadvantages would be, the impossibility of resorting to the physical means of investigation, and of conducting a continuous plan of treatment.

In such consultations, it is the duty of the physician to consult the just interests of his professional brethren. To do justice to an application of the kind, a physician must carefully read a letter of some length—should give it deliberate consideration, and must reply at such length as to remove all chances of having his meaning imperfectly understood. Now, all this demands the sacrifice of time, which is by no means inconsiderable, especially as it is required from physicians who usually have many arduous duties to perform. It is, therefore, but an act of justice that the patient, for whose ultimate benefit the advice is given, should understand that the labour and responsibility of the consulting physician are greater than in cases in which he is actually present. The compensation which he receives ought not, of course, to be paid by the attending physician; but the patient should be informed of the circumstances, and instructed to send an adequate fee at the time the application is made.

We make these remarks because we have ourselves felt their necessity, and still more because some of our professional brethren have complained of the rather heavy tasks which are sometimes required of them. The better understanding of the matter would conduce to the interests of all parties, and secure a just remuneration for professional labour, which is not very highly paid under any circumstances.

Errata.—In pages 469 and 470, for "palpitation," read *palpation.*

In second column of page 470, 29th line, instead of "hard fluid," read *viscid fluid.*

In page 471, 20th line of second column, for "vessels," read *veins.*

In our last number, the quantity of serum found in the ventricles of a hydrocephalus was stated to be three ounces; it should have been fifty-two ounces. Mistakes of this kind are so rarely made by our printer, that we can readily point them out.

FOREIGN SUMMARY.

We publish the autopsy of Lady Flora Hastings, who unfortunately obtained a most unenviable and undeserved notoriety. She obviously laboured under a tuberculous peritonitis. This disease is little understood in this country and in England. It is extremely slow in its progress, begins as a chronic affection, the abdomen gradually enlarges with an obscure pain, becoming acute only in a small proportion of cases. At the same time there is occasional vomiting, difficult digestion, and often obstinate constipation. These may very readily be mistaken for pregnancy, and thus give rise to a serious error.

It is stated that there was some unorganized yellow matter in the peritoneal adhesions. This was the tubercular deposit, which is not expressly described, either from the case being merely intended for the eye of the public, or from a desire to conceal the original cause of the complaint.

LADY FLORA HASTINGS.

This lady has been buried in Scotland. Before she died, she gave positive orders to have her body opened after her death.

"*Appearances observed on inspecting the body of the late Flora Hastings, July 5th*, 1839.

"There was great emaciation of the whole person.

"In the chest—the heart and lungs were in a perfectly healthy state; but there were extensive adhesions of the pleura (or membrane) covering the right lung to that which lines the ribs—evidently of long standing.

"In the abdomen there were universal adhesions of the peritoneum (or membrane which lines the cavity and covers the viscera,) so that it could not be said that there was a single organ which was not at every point on its surface, intimately connected with the parts in its vicinity. The liver was very much enlarged, extending downwards as low as the pelvis, and upwards, so as very materially to diminish the capacity of the right cavity of the chest.—The gall bladder contained a small quantity of bile.

"The liver was of a very pale colour, but its structure was not materially different from what exists in the healthy state. The stomach and intestines were distended with air; their coats, especially the muscular, were very much attenuated. The spleen and pancreas were free from disease. Some of the mesenteric glands were enlarged. There were a few small deposites of

unorganized yellow matter, apparently in the substance of the adhesions.

"The uterus and its appendages presented the usual appearances of the healthy virgin state.

"From the character of the adhesions it was plain that they could be referred only to inflammation at some former and distant period of time. The effect of them must have been to interrupt the passage of the contents of the stomach and intestines, and in various ways to interfere with the due performance of their functions.

W. F. Chambers, M.D.
Henry Holland, M.D.
Astley Cooper,
B. C. Brodie,
John Merryman."

From a Lecture of Dr. Magendie, on the Pathological Effects of Defibrinising the Blood.

This extract we give, after having recently witnessed a severe case of dysentery, in which ophthalmia and abscess of the cornea took place at the close of the disease, almost without pain. In dysentery, the secretions are decidedly alkaline, and in severe cases of the disease the bluish and purple colour of the extremities shows that the blood has in a great degree lost its coagulability. When drawn from a vein the change is still more obvious. To a certain extent, this would bear out the ideas of Dr. Magendie.

The animal before us was bled before the lecture, in order that we might ascertain the condition of his blood. You see that scarcely any coagulum has formed; in the midst of the serum floats a semi-liquid mass of pseudo-fibrine. I had nearly forgot to point out an interesting appearance, which we also observed in the preceding dog, I mean an eruption resembling forcibly the petechiæ of typhus. There are small red points to be seen, wherever the hair is thinly scattered; several of them, indeed, cover a tolerably large extent of surface. Judging from the colour of these spots we are authorised in considering them to be constituted by blood extravasated between the layers of the skin, or into the subcutaneous cellular membrane; in fact, nothing more or less than ecchymoses. It is perfectly clear that the modifications occurring in the composition of the fluid are the cause of the symptoms under which the animal suffers, because previously to the performance of the experiment he was in good health. But it is not so clear whether the loss of one of its elements, or its having ceased to be coagulable, or those two altered conditions combined, have caused its extravasation.

Theoretically speaking, either supposition is equally tenable; but no difficulty can be felt in coming to a formal decision, if we find that the same morbid phenomena are producible whilst the blood still retains its normal composition. If such be the case, no doubt can possibly be entertained respecting the influence of deficient coagulability; and, in truth, the experiments we had previously made on the introduction of the subcarbonate of soda in solution into the veins were, from their result, sufficient to put an end to our uncertainty. We knew that the fluid had the power of effectually opposing the formation of the coagulum, but also that it possessed no direct poisonous influence. Veterinary surgeons are in the constant habit of injecting purgatives and other energetic substances into the vascular system of horses, and yet those animals suffer no other symptoms than those which follow the ingestion of the same medicines into the stomach. But the case is widely different when a solution of subcarbonate of soda is the injected material; if you desire to be convinced of this, look at the animal I now bring forward. Eight days past, a small quantity of that salt—ten grammes as nearly as possible—were introduced into his veins, and he, in consequence, fell extremely ill. The heart, lungs, stomach, all the viscera, in short, were simultaneously affected; exhalation of blood took place on all the surfaces, and in the substance of the various parenchymatous structures, as though that fluid had lost all its fibrine. Nevertheless, no change had occurred in its constitution; the whole original amount of fibrine still remained in the circulation. Why, then, these extravasations? you will ask; because the liquid had been deprived of the most important of its properties, coagulability. The symptoms observed in this dog manifiested a still more dangerous character than those occurring in defibrinised animals, because in it the blood did not, as in the latter, contain a sort of imperfect substitute for the solidifiable principle (pseudo-fibrine.) The animal was beginning to recover its strength, and was, in fact, convalescent two days ago; but I then repeated the injection of ten grammes of subcarbonate of soda, and all the former symptoms immediately disappeared. The eyes which had only been rendered very red and weeping by the first experiment, now present very serious lesions. The cornea has lost its transparency, and is ulcerated superficially in several spots; the alimentary canal is the seat of disorders of the kind attending every general morbid state caused by diminished coagulability of the blood; the stools are watery, and of a reddish-brown colour, as if serum and colouring matter had been thrown out on the surface of the bowels; the functions of the stomach are at a stand still; there is absolute inappetence; the pulmonary tissue is also most seriously affected. On applying my ear to the thorax I detect various ronchi, caused by the extravasation of blood into the bronchi and vesicles, and between the capillary tubes.

I opened the jugular, in order to learn whether the blood be susceptible of clotting: the clot, we find is small and friable; in fact, in a condition perfectly harmonizing with the symptoms we witness. It is too much altered in constitution to admit of a normal exercise of the functions: it is not sufficiently so to put an end to their play. Hence, whether the fibrine remain in

the vessels or not, the effects of non-coagulability are exactly the same. This is an important point, for it shows that when we find the blood of patients affected with fever, to give, on analysis, all its normal elements in their normal proportion, we are not at once entitled to conclude that that blood is fit for circulation. Before we pronounce such an opinion, we must also examine the clot; if it be soft and friable, our patient is in a most dangerous condition; if it be completely absent, death is almost inevitable. Such is the degree of precision of which these experimental studies are capable, that we might boldly state this problem :—A given quantity of fibrine being removed, or of subcarbonate of soda being injected into the veins, what will be the nature of the symptoms? There is not one among you, gentlemen, who would not, with the knowledge he now possesses, be capable of resolving the problem. It is possible, too, that the simple inspection of the clot, when performed by persons thoroughly acquainted with the history of the blood, would suffice to point out, in cases of illness, what organs are affected, and what is the nature of their lesions; the verification of this hint I leave as an interesting subject for your labours.—*Lancet.*

Phlegmonous Abscess of the Lung in Process of Cure.—At a meeting of the Pathological Society, Dr. Corrigan presented an example of phlegmonous abscess of the lung, taken from a patient who suffered from pleuro-pneumonia seven weeks previous to his death; he recovered in a great measure from this attack, but a slight hæmoptysis continued to recur daily; an excess in regimen was followed by a severe hæmorrhage, which proved rapidly fatal; the lungs were healthy, with the exception of the left lung, where an abscess of about the size of a walnut, lined with coagulable lymph, existed; it communicated with a large bronchial tube; this abscess, and the neighbouring bronchial tube, were found filled with some coagulated blood; there were no traces of tubercle in any portion of the lung.

Disease of the Mitral Valve, without valvular Murmur.—Dr. Stokes presented a specimen of disease of the mitral valve. It was principally remarkable on account of the physical phenomena observed during life. In this case the patient had long laboured under symptoms of morbus cordis, with chronic bronchitis; and when the first was seen by Dr. Stokes, had a distinct and rough bruit de soufflet with the first sound of the heart. The second sound was unaffected. He remained under observation for several months, and always presented the same phenomena. In eighteen months he again came under Dr. Stokes' care, in a very advanced stage of dropsical disease. All bruit de soufflet had disappeared, and the heart merely presented the usual signs of hypertrophy. He died in about a month, during which time he was repeatedly examined, but no valvular murmur was ever detected; the heart was much enlarged; the left auricle greatly distended and thickened; the auriculo-ventricular valve was greatly diseased, and the orifice presented the semilunar contraction described by Mr. Adams; the opening was not more than two lines in breadth; numerous irregular deposits of earthy matter existed on the ventricular side of the valve. Dr. Stokes detailed the particulars of another case, in which a remarkable auricular contraction of the mitral valve had been found, in which no bruit de soufflet whatever had existed for a considerable time previous to death.—*Dublin Journal.*

On the Use of Camphor in Certain Affections of the Respiratory Apparatus. By F. V. Raspail.—The following is the substance of a letter which M. Raspail has recently addressed to several of the French medical journals. It is seldom that we pay any attention to the proposal of remedial agents by non-medical men; but the distinguished character of M. Raspail, both as a chemist and an observer of nature, entitle any remarks which fall from his pen to more than ordinary attention.—*London Lancet.*

"The substance which M. Raspail recommends to the notice of medical practitioners, is camphor. It may be used in two forms: a piece of camphor is placed in a small tube of straw, or in a small quill, and this is formed into a little cigar, which the patient may smoke, not in a state of ignition, but cold, by simply inhaling the air through it. The saliva excited by inspiring the camphor, should be swallowed. The second form consists in the application of a piece of lint, moistened with a saturated alcoholic solution of camphor, and covered with a piece of oiled silk, caoutchouc, or any other impermeable substance, to the affected part.

"M. Raspail assures us, as the result of considerable experience, that in all cases of respiratory affections, such as those popularly denominated cold, catarrh, influenza, &c., the constant use of the camphor cigar and lotion will produce speedy amendment, and when the lungs are merely congested, almost instantaneous relief. He has also seen some cases which lead him to believe that the constant use of camphor, in the way just mentioned, is capable of dissipating the incipient symptoms of pulmonary consumption. The pain occasioned by adherence of the two pleuræ, popularly known by the term 'stitch in the side,' M. Raspail has seen dissipated in a wonderfully short space of time, by the application of the camphorated compress, and the use of the cigar. There are several other affections and diseases in which M. Raspail thinks that camphor might be employed with great advantage; but we think it sufficient, for the present, to direct attention more particularly to those of the respiratory apparatus. At the conclusion of his letter, the author assures us that his communication has been made solely from a desire of benefiting his fellow men, and with a hope that medical practitioners will repeat his experiments on an extensive scale, the more especially as the remedy, unlike so many others, can do no harm, if it effect no good."—*French Lancet*, Nov. 17, 1838.